

FIG. 1

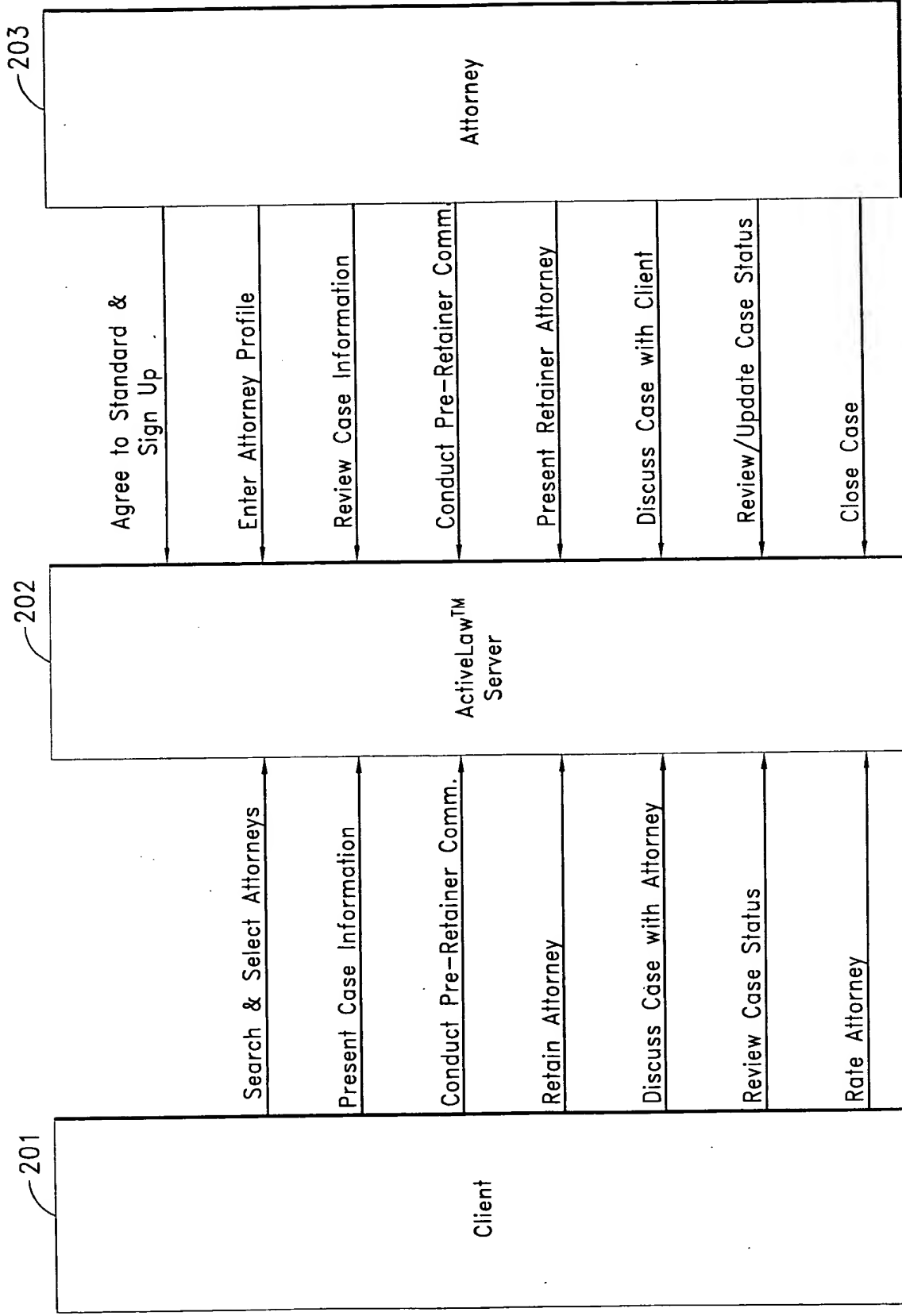


FIG. 2

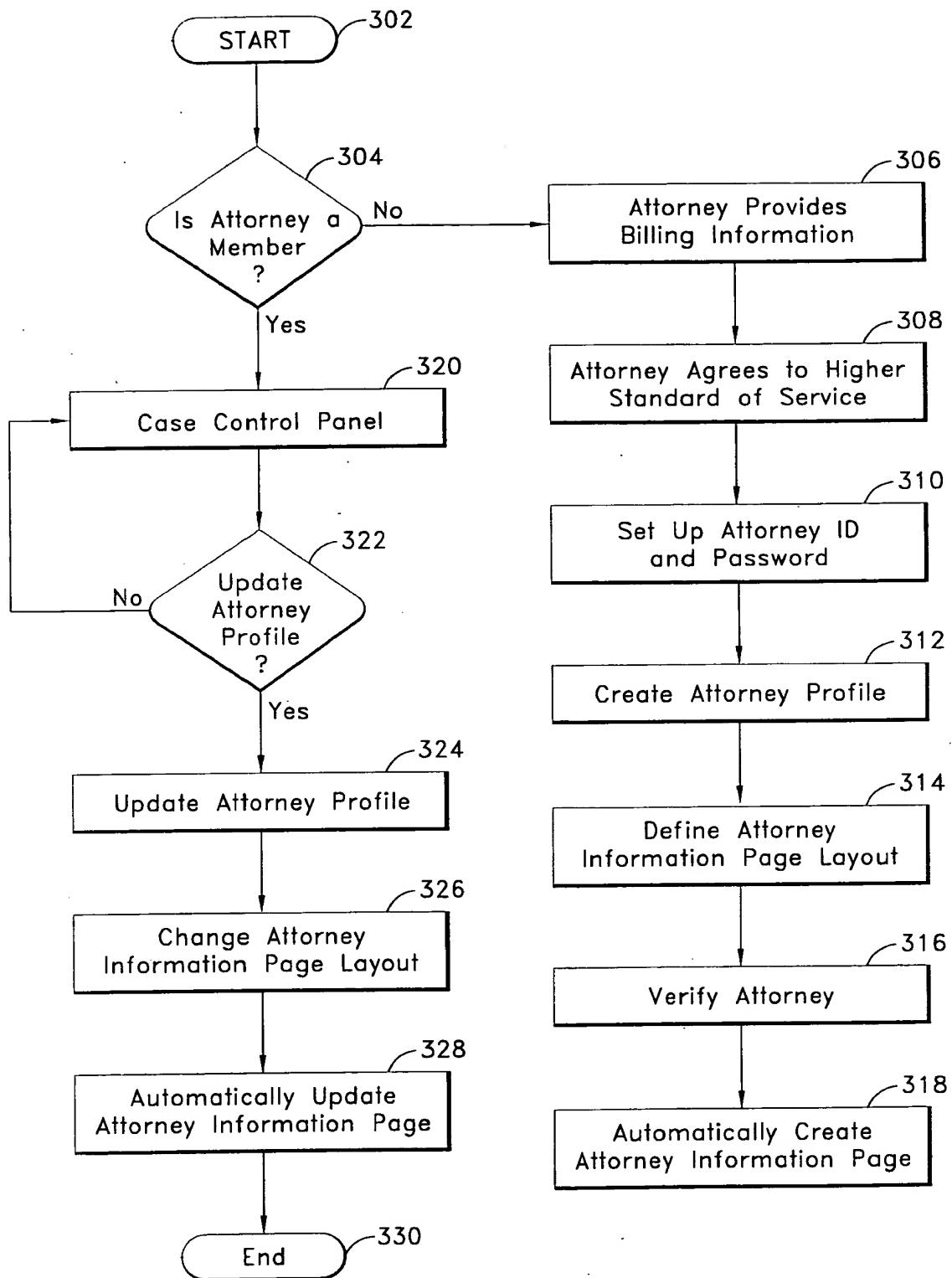


FIG. 3

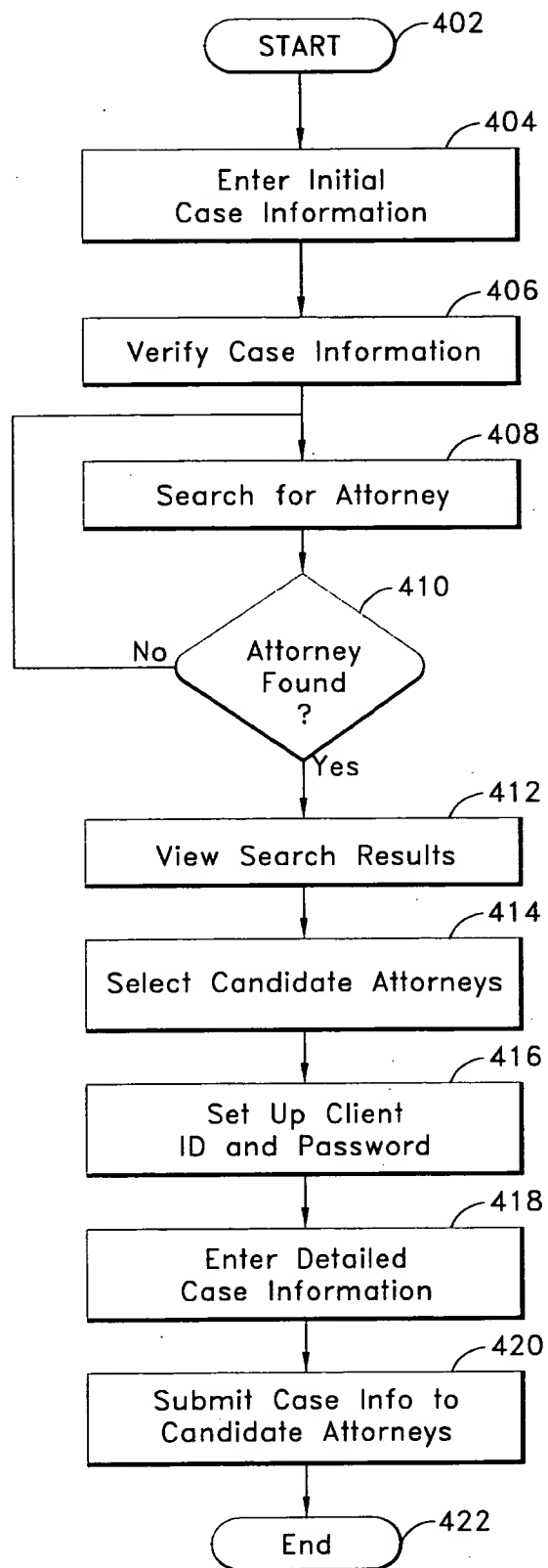


FIG. 4

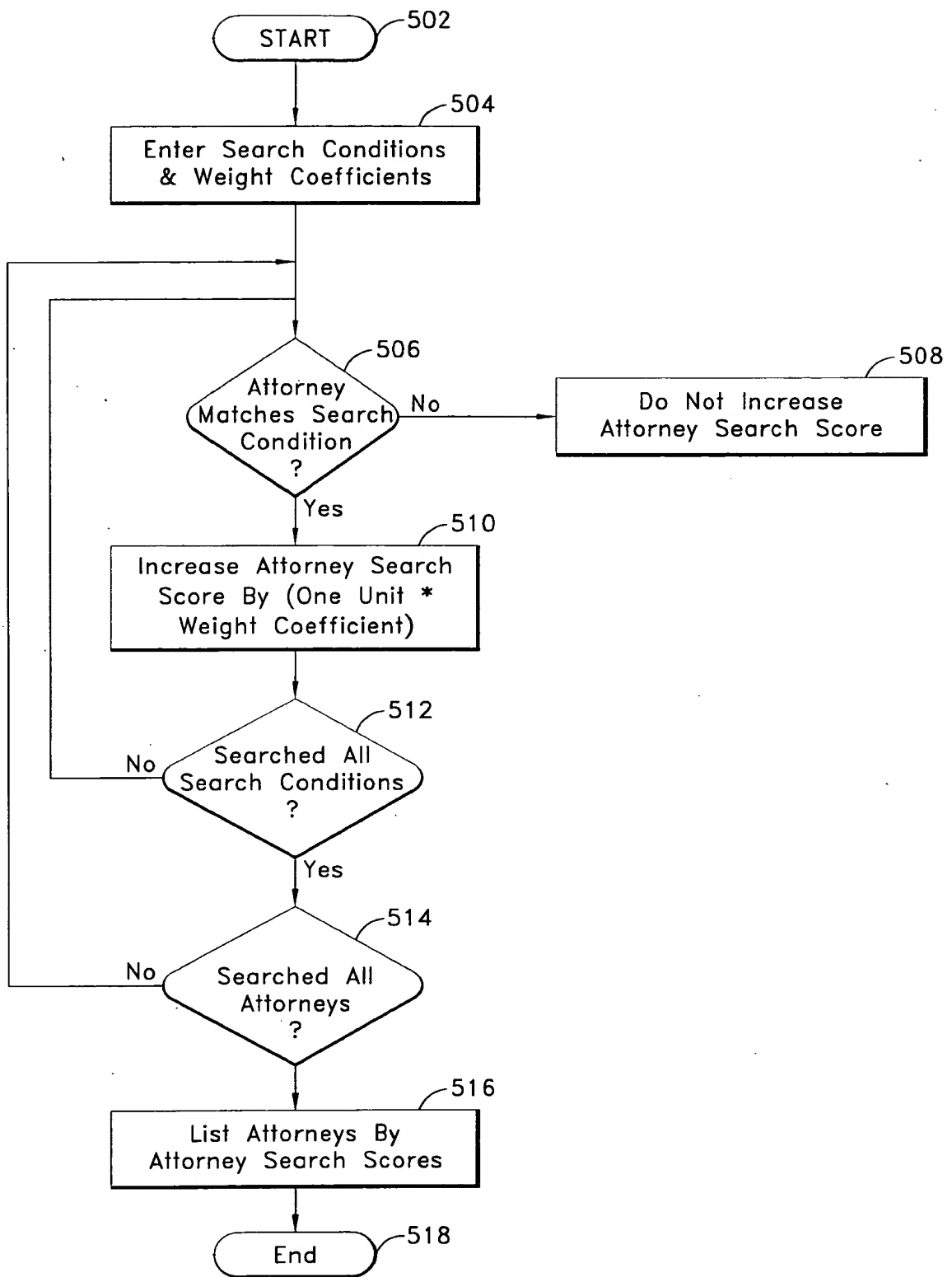


FIG. 5

EXAMPLE 1

```
For each attorney: /*For all attorney records */
  If attorney.state-licensed = "CA" then /* matches first search condition */
    Attorney.search-score = attorney.search-score + 100 * 0.6.
    /* increase search score by */
    /* unit number (100) * weight coefficient (0.6) */

  If attorney.office-location = "92612" then /* matches second search condition */
    Attorney.search-score = attorney.search-score + 100 * 0.3.
    /* increase search score by */
    /* unit number (100) * weight coefficient (0.3) */

  If attorney.language-spoken = "Spanish" then /* matches third search condition */
    Attorney.search-score = attorney.search-score + 100 * 0.1.
    /* increase search score by */
    /* unit number (100) * weight coefficient (0.1) */

End. /* end of loop */

For first 5 attorney by attorney.search-score /* find 5 attorneys with the highest score*/
  Display attorney.
End.
```

FIG. 6A

EXAMPLE 2

For each attorney where attorney.state-licensed = "CA":

Attorney.search-score = attorney.search-score + 100 * 0.6.

End.

For each attorney where attorney.office-location = "92612":

Attorney.search-score = attorney.search-score + 100 * 0.3.

End.

For each attorney where attorney.language-spoken = "Spanish":

Attorney.search-score = attorney.search-score + 100 * 0.1.

End.

For first 5 attorney by attorney.search-score /* find 5 attorneys with the highest score*/

Display attorney.

End.

FIG. 6B

| Prompt Text | Response Type | Response Set Data |
|--|---------------|---|
| Accident date: | Date | |
| Approximate accident time: | Time | |
| Location (city & state) where accident occurred: | Text field | |
| Number of people in your vehicle? | Dropdown list | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, more than 10 |
| Describe what happened in the accident. | Text field | |
| Who was at fault in the accident and why? | Text field | |
| Did the police or other authority come to the scene? | Dropdown list | Yes, No, Maybe |
| Was anyone given a ticket? | Dropdown list | Yes, No, Maybe |
| If so, who got a ticket and for what? | Text field | |
| Were any witnesses to the accident identified? | Dropdown list | Yes, No, Maybe |
| If yes, please describe. | Text field | |
| Amount of damage to your vehicle: | Currency | |
| Type of damage to your vehicle: | Text field | |
| Amount of damage to other vehicle(s): | Currency | |
| Type of damage to your vehicle(s): | Text field | |
| Please describe your injuries in detail, including any permanent injuries. | Text field | |
| Please describe your medical treatment in detail, including the types of doctors/hospitals/specialists seen. | Text field | |
| Estimate medical costs to date: | Currency | |
| Estimated total expected costs for your medical treatment: | Currency | |
| Was anyone else injured? | Dropdown list | Yes, No, Maybe |
| If yes please describe. | Text field | |
| How much time did you lose from work? | Text field | |
| Describe type and amount of any other losses you have suffered related to this accident (not mentioned above). | Text field | |
| Have you previously agreed to be represented by any other lawyer related to this accident? | Dropdown list | Yes, No, Maybe |
| If yes please describe status. | Text field | |
| Have you negotiated with any insurance company or other party in connection with this accident? | Dropdown list | Yes, No, Maybe |
| If yes please describe status. | Text field | |
| Do you have any questions or is there any other information you think is important to share in connection with this possible case? | Text field | |

FIG. 7

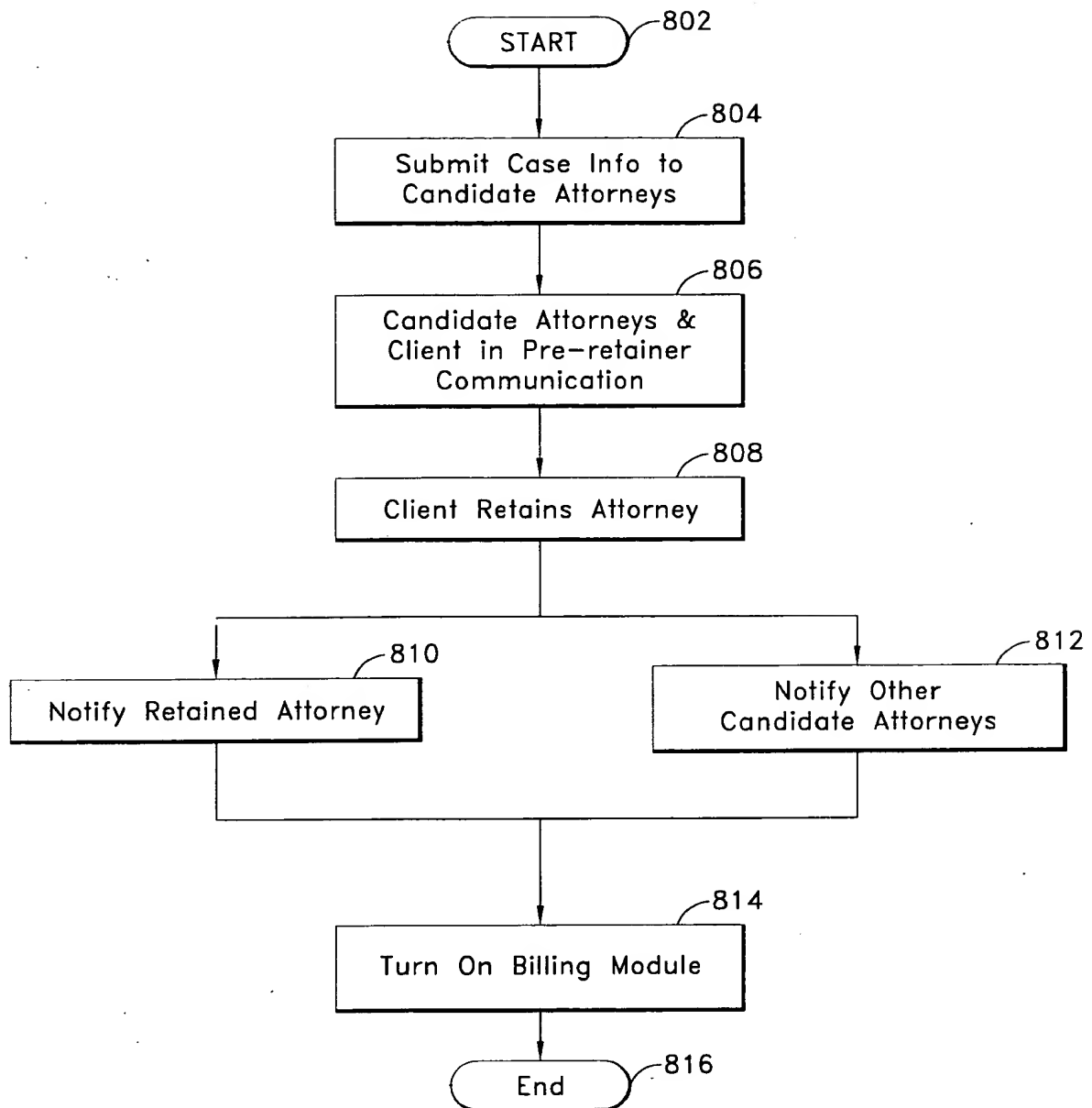


FIG. 8

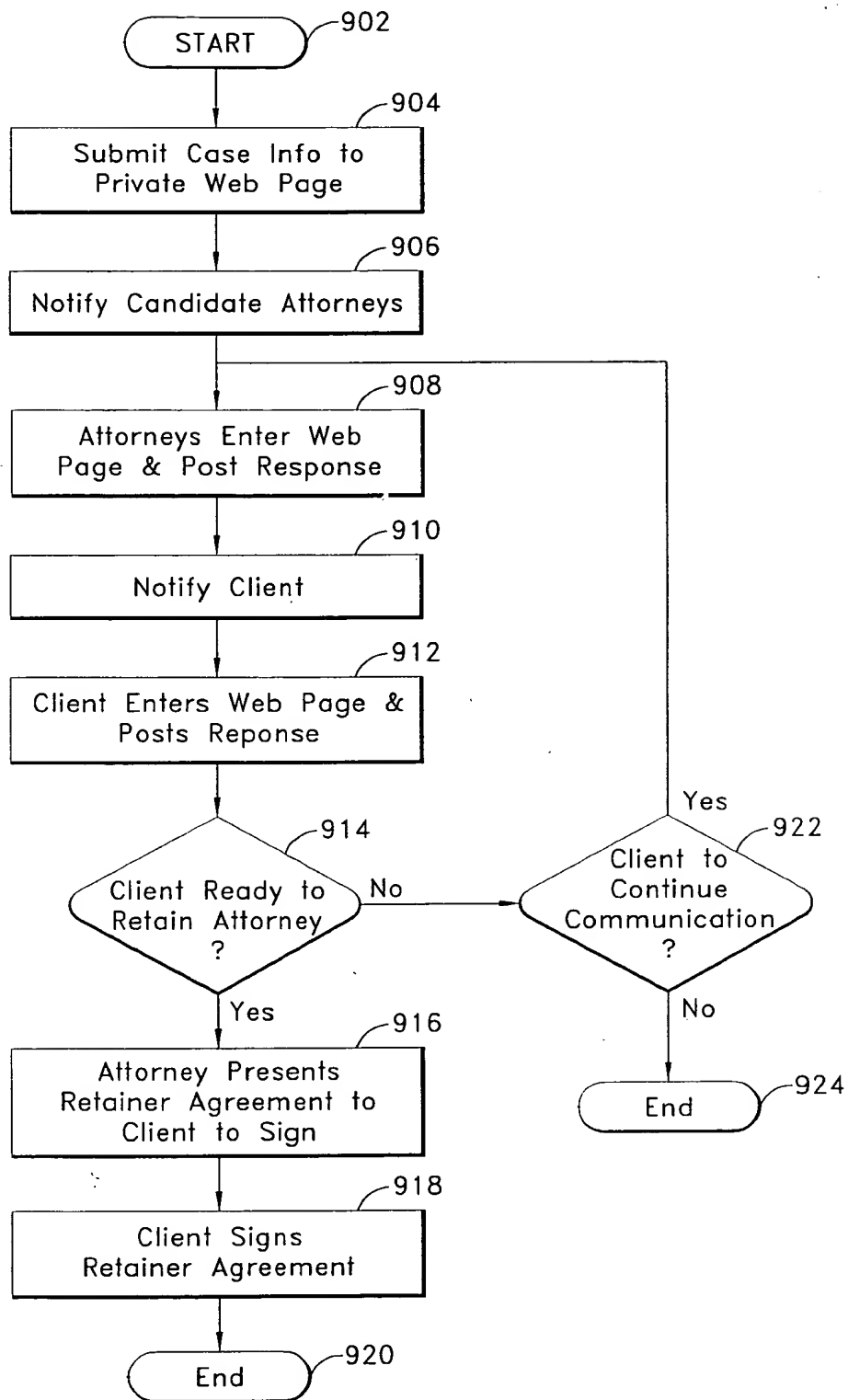



FIG. 9

1004



WHERE THE LAW NETS YOU MONEY™

CASE INFORMATION

CLIENT NAME: John A. Smith
 ADDRESS: 123 Main St.
 AGE: 35 SEX: Male
 PHONE 1: 555-1234
 PHONE 2: 555-5678
 PHONE 3: OTHER:
 OPPOSING PARTY 1: Jane Doe
 OPPOSING PARTY 2: Acme Inc.

TYPE OF CASE: AUTOMOBILE ACCIDENT
 DATE OF INJURY: 5/5/00

[CLICK HERE FOR MORE DETAILS](#)

CASE I.D. Smith 011

1002

YOU HAVE 3 UNREAD MESSAGES!

BANNER AD SPACE

1014

| DATE | FROM | TO | TEXT |
|--------|------------|------------|---|
| 6/4/00 | Attorney A | Client | Here is the retainer agreement |
| 6/3/00 | Client | Attorney A | Please show me your retainer agreement |
| 6/2/00 | Attorney B | Client | I have litigated two toxic waste cases before |
| 6/1/00 | Client | Attorney B | Do you have experiences with toxic waste cases? |

1008

[ADD TEXT MESSAGE](#)

[PRESENT RETAINER](#)

[SIGN RETAINER](#)

SEARCH FOR TEXT: [GO](#)

1012

[DISCLAIMER](#)

[FIND A LAWYER](#)

[LOG OUT](#)

1016

FIG. 10

LawCenter Table

| CODE | NAME |
|------|-------------------|
| 1001 | Auto Accident |
| 1002 | Boat Accident |
| 1003 | Product Liability |
| 1004 | Slip and Fall |
| 1005 | Animal Bite |

FIG. 11

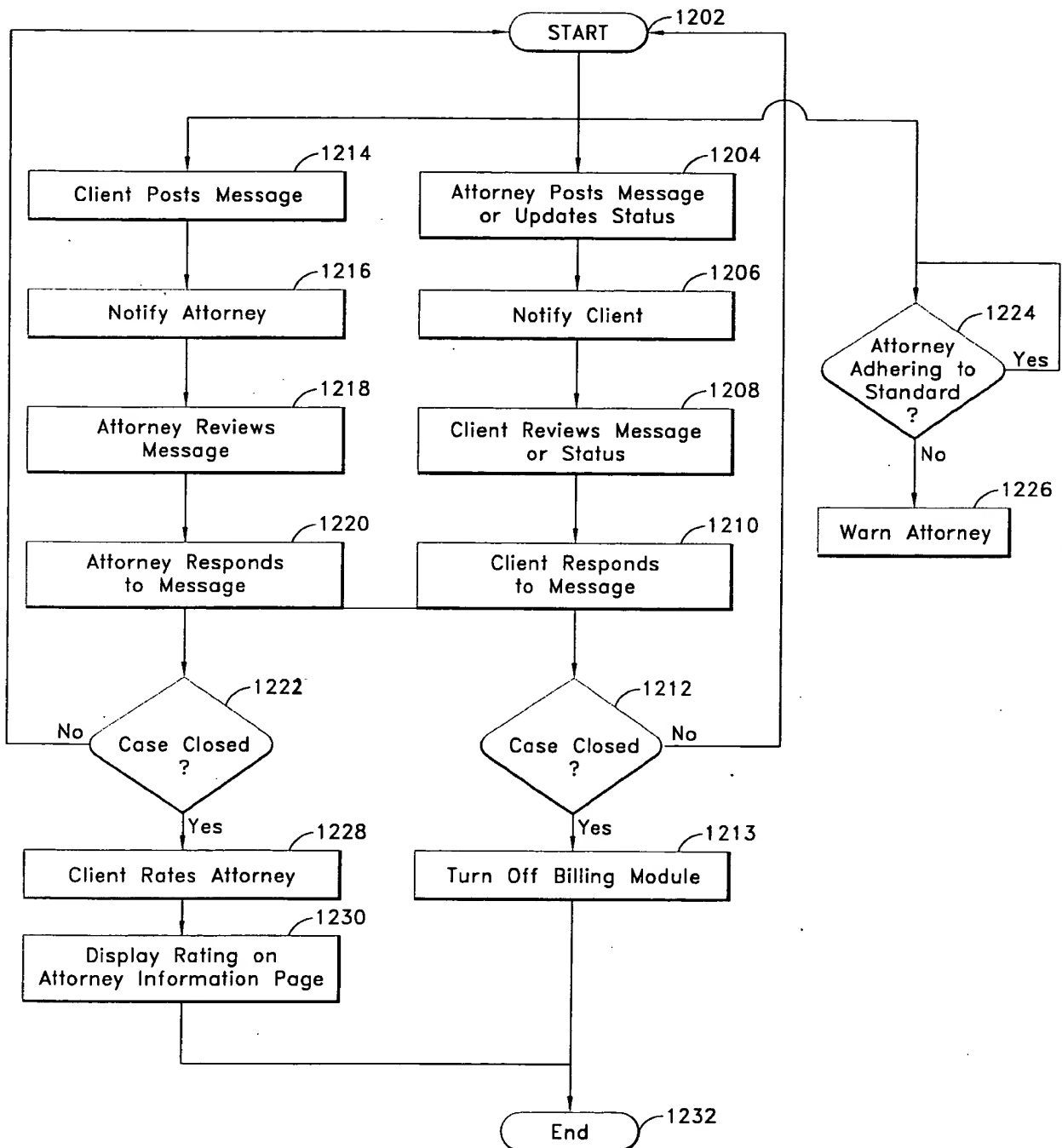


FIG. 12

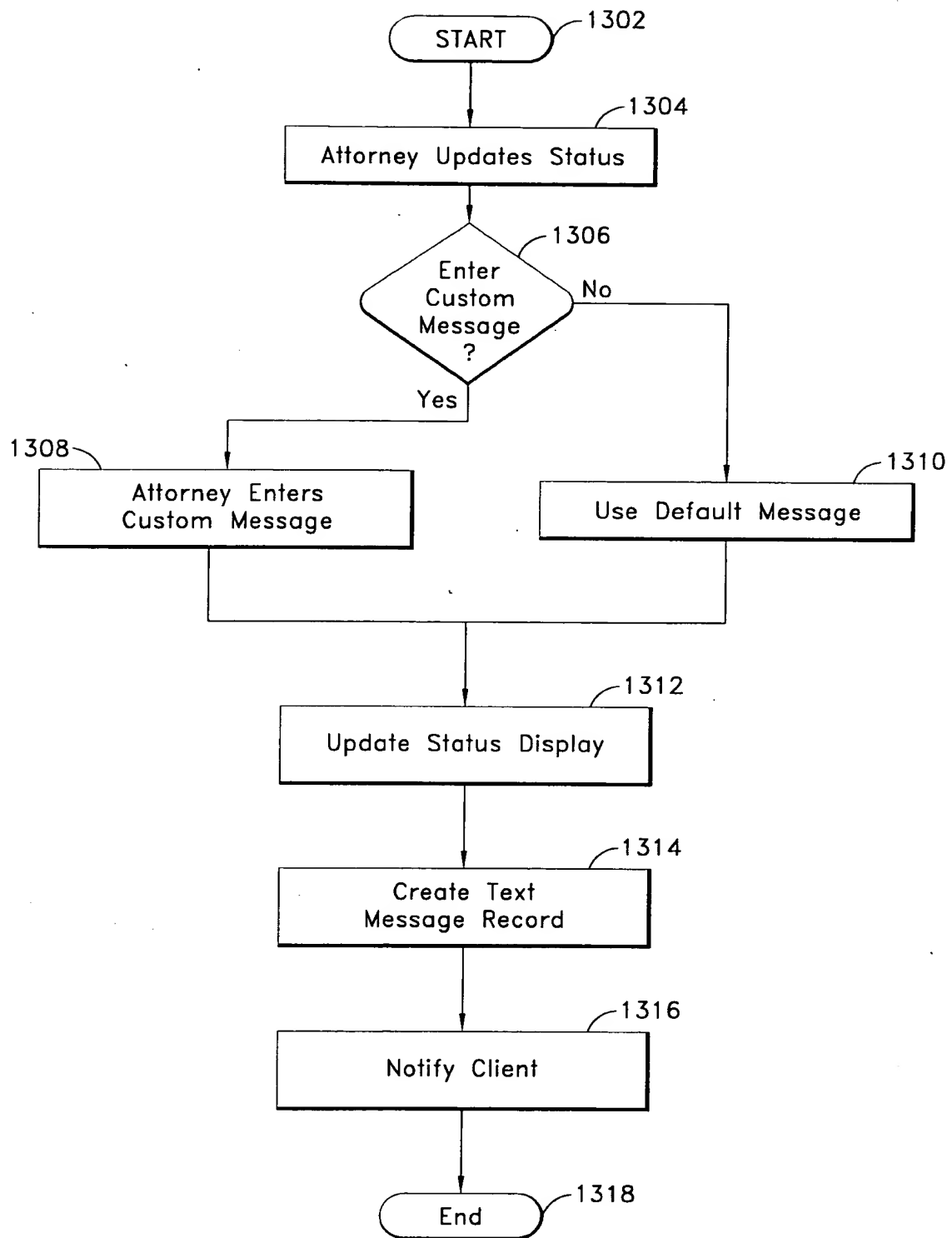


FIG. 13

SETTLEMENT TRACK

Funds distributed to all parties

Liens and bills paid

Settlement check(s) received

Written settlement agreement and releases signed

Settlement amount agreed, subject to written confirmation

Potentially acceptable offer(s) received

First offer(s) received and under negotiation

Insurance adjuster contacted

Settlement negotiations begun

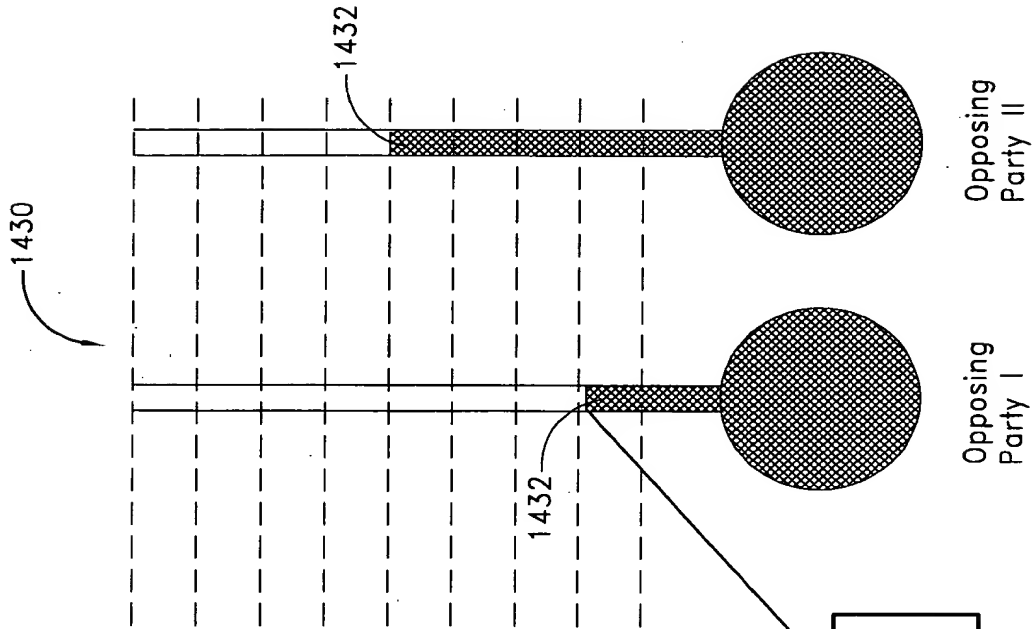


FIG. 14


|  | WHERE THE LAW NETS YOU MONEY™ | | CASE I.D. <u>Smith 011</u> LAST UPDATE BY ATTORNEY: <u>1/14/01</u> LAST UPDATE BY CLIENT: <u>1/12/01</u> YOU HAVE 1 UNREAD MESSAGE! <u>1502</u> | BANNER ADD SPACE | | | | | | | | | | | | |
|---|-------------------------------|---|--|------------------|--------|-------------------|-------|--------|---------------------|-------|-----------------|--|-------|--|--|--|
| CASE INFORMATION CLIENT NAME: <u>John A. Smith</u> ADDRESS: <u>123 Main St.</u> AGE: <u>35</u> SEX: <u>Male</u> PHONE 1: <u>555-1234</u> PHONE 2: <u>555-5678</u> PHONE 3: <u>OTHER:</u> OPPOSING PARTY 1: <u>Jane Doe</u> OPPOSING PARTY 2: <u>Acme Inc.</u> | | PRELIMINARY TRACK <u>1510</u> DEMAND LETTER SENT EXPERTS CONTACTED RETAINER SIGNED | | | | | | | | | | | | | | |
| TYPE OF CASE: <u>AUTOMOBILE ACCIDENT</u> DATE OF INJURY: <u>5/5/00</u> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: small;"> CLICK HERE FOR MORE DETAILS </div> | | SETTLEMENT TRACK FUNDS DISBURSED OFFERS RECOVERED NEGOTIATION BEGINS | | | | | | | | | | | | | | |
| CLIENT TRUST ACCOUNT <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>ITEM</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>6/1/00</td> <td>Initial fee added</td> <td>5,000</td> </tr> <tr> <td>8/1/00</td> <td>Expert expense paid</td> <td>2,000</td> </tr> <tr> <td colspan="2">CURRENT BALANCE</td> <td>3,000</td> </tr> </tbody> </table> | | DATE | ITEM | AMOUNT | 6/1/00 | Initial fee added | 5,000 | 8/1/00 | Expert expense paid | 2,000 | CURRENT BALANCE | | 3,000 | LITIGATION TRACK FUNDS DISBURSED RECOVERY COMPLETED COMPLAINT IS FILED | | |
| DATE | ITEM | AMOUNT | | | | | | | | | | | | | | |
| 6/1/00 | Initial fee added | 5,000 | | | | | | | | | | | | | | |
| 8/1/00 | Expert expense paid | 2,000 | | | | | | | | | | | | | | |
| CURRENT BALANCE | | 3,000 | | | | | | | | | | | | | | |
| SEARCH FOR TEXT: <input type="text"/> <input type="button" value="GO"/> | | DISCLAIMER: | | | | | | | | | | | | | | |
| <input type="button" value="FIND A LAWYER"/> | | <input type="button" value="REGISTER"/> <input type="button" value="LOG OUT"/> | | | | | | | | | | | | | | |

FIG. 15

ATTORNEY PROFILE TABLE

1606

1604

1602

1608

| Key Field? | Field Name | Accessible by Client? |
|------------|-------------------------------|-----------------------|
| Yes | Attorney ID | Yes |
| | Attorney Password | |
| Yes | Attorney Name | Yes |
| | Attorney Email Address | Yes |
| | Office Location | Yes |
| | Zip Code | Yes |
| | States Licensed | Yes |
| | Law Firm Name | Yes |
| | LawCenter I | Yes |
| | LawCenter II | Yes |
| | LawCenter III | Yes |
| | LawCenter IV | Yes |
| | Law Practice Description | Yes |
| | Errors & Omissions Insurance? | Yes |
| | Pricing Policy | Yes |
| Yes | Attorney Information Page ID | Yes |
| | Credit Card Number | |
| | Credit Card Expiration Date | |
| | Credit Card Name | |
| | Date of Birth | |
| | Profile Verified & Approved | Yes |

FIG. 16

1702

ATTORNEY RATING TABLE

| Key Field? | Field Name |
|------------|---------------------------------|
| Yes | Attorney ID |
| Yes | Case ID |
| Yes | Attorney Name |
| | Attorney Responsiveness Rating |
| | Attorney Trustworthiness Rating |
| | Attorney Competence Rating |
| | Overall Satisfaction Rating |
| | Client Gender |
| | Client Age Level |
| | Client Income Level |
| | Client Education Level |
| | Client Legal Knowledge Level |
| | LawCenter of the Case |
| | Client Comment |

FIG. 17

1802

INITIAL CASE TABLE

| Key Field? | Field Name |
|------------|----------------------|
| Yes | Client Name |
| Yes | Client ID |
| | Client Address |
| | LawCenter of Case |
| | Client Email Address |
| | Client Age |

FIG. 18

DETAILED CASE TABLE

| Key Field? | Field Name |
|------------|---|
| Yes | Client ID |
| Yes | Client Name |
| Yes | Case ID |
| | Injured Party Name |
| | Injured Party Age |
| | Injury date |
| | Relation to Injured Party |
| | Detail Description of Case |
| | Insurance Information |
| | First Candidate Attorney ID |
| | First Candidate Attorney Name |
| | Second Candidate Attorney ID |
| | Second Candidate Attorney Name |
| | Third Candidate Attorney ID |
| | Third Candidate Attorney Name |
| | Client Gender |
| | Client Education Level |
| | Client Income Level |
| | Client Legal Knowledge Level |
| | LawCenter of the Case |
| | Search Conditions & Weight Coefficients Entered |
| | Retainer Approved |

FIG. 19

2002

CASE STATUS TABLE

| Key Field? | Field Name |
|------------|------------------------------------|
| Yes | Case ID |
| Yes | Retained Attorney ID |
| Yes | Retained Attorney Name |
| Yes | Client ID |
| Yes | Client Name |
| | Trust Account Balance |
| | Attorney Last Update Date |
| | Attorney Last Review Date |
| | Hours Attorney Spent on Case |
| | Retainer File Location |
| | Preliminary Track Case Status Code |
| | Settlement Track Case Status Codes |
| | Litigation Track Case Status Codes |
| | List of Warning Messages Seen |
| | List of Agreements Agreed To |
| | Case Communication Start Date |
| | Case Communication End Date |

FIG. 20

CASE STATUS CODE TABLE

2104

2102

| CASE STATUS CODE | CASE STATUS DESCRIPTION | THERMOMETER "TEMPERATURE" |
|------------------|---|---------------------------|
| 201 | Settlement Negotiations Begin | 10 |
| 202 | Insurance Adjuster Contacted (if applicable) | 20 |
| 203 | First Offer(s) Received and being negotiated | 30 |
| 204 | Potentially Acceptable Offer(s) Received | 40 |
| 205 | Settlement Amount Agreed, subject to written confirmation | 50 |
| 206 | Written Settlement Agreement and Releases Received | 60 |
| 207 | Written Settlement Agreement and Releases Signed | 70 |
| 208 | Check(s) Received | 80 |
| 209 | Liens and Bills Paid | 90 |
| 210 | Funds Disbursed to All Parties | 100 |
| 211 | Funds Added to Trust Account | N/A |
| 212 | Expenses Deducted from Trust Account | N/A |

FIG. 21

2202

TEXT MESSAGE TABLE

| Key Field? | Field Name | 2204 |
|------------|------------------|------|
| Yes | Case ID | 2206 |
| Yes | Date | 2208 |
| Yes | Time | |
| Yes | Message Un-read? | 2210 |
| | Author ID | 2212 |
| | Recipient ID | |
| | Message Text | |

FIG. 22

CASE CONTROL PANEL OF ATTORNEY DOE 2302

| 2304 | | 2306 | | 2308 | | 2310 | 2312 | | 2314 |
|------------------|----------------------------|---------|---------------------------|---------------------|-----------------------|------|------|--|------|
| CASE STATUS | CLIENT NAME(s) | CASE ID | DAY'S SINCE LAST COMM. | UNREAD MESSAGES? | HYPERLINK | | | | |
| POTENTIAL NEW | SMITH, JOHN SMITH, MARY | 100001 | 3 | YES | <u>GO TO WEB PAGE</u> | | | | |
| POTENTIAL NEW | CLARK, RAY | 100002 | 7 | NO | <u>GO TO WEB PAGE</u> | | | | |
| OPEN | GOMEZ, ANTHONY | 100003 | 2 | YES | <u>GO TO WEB PAGE</u> | | | | |
| OPEN | WANG, HARRY | 100004 | 10 | NO | <u>GO TO WEB PAGE</u> | | | | |
| CLOSED | GOLDSTEIN, ANN | 100005 | 1 | NO | <u>GO TO WEB PAGE</u> | | | | |

FIG. 23

RATING INFORMATION OF ATTORNEY DOE

| | Overall Satisfaction | Responsiveness | Trustworthiness | Competence | Number of Raters |
|-----------------------------------|----------------------|----------------|-----------------|------------|------------------|
| All Raters | 4.2 | 3.9 | 4.6 | 4.2 | 5 |
| Male | 4.25 | 4.13 | 4.63 | 4.25 | 4 |
| Female | 4 | 3 | 4.5 | 4 | 1 |
| Legal Knowledge: Low | 4.75 | 4.25 | 4.75 | 4.25 | 2 |
| Legal Knowledge: Medium | 4 | 3.5 | 4.5 | 3.75 | 2 |
| Legal Knowledge: High | 3.5 | 4 | 4.5 | 5 | 1 |
| Case Specialty: Auto Accident | 4.17 | 3.83 | 4.5 | 4.5 | 3 |
| Case Specialty: Product Liability | 4.5 | 4 | 5 | 4 | 1 |
| Case Specialty: Others | 4 | 4 | 4.5 | 3.5 | 1 |

[CLICK HERE TO READ CLIENT COMMENTS.](#)

FIG. 24

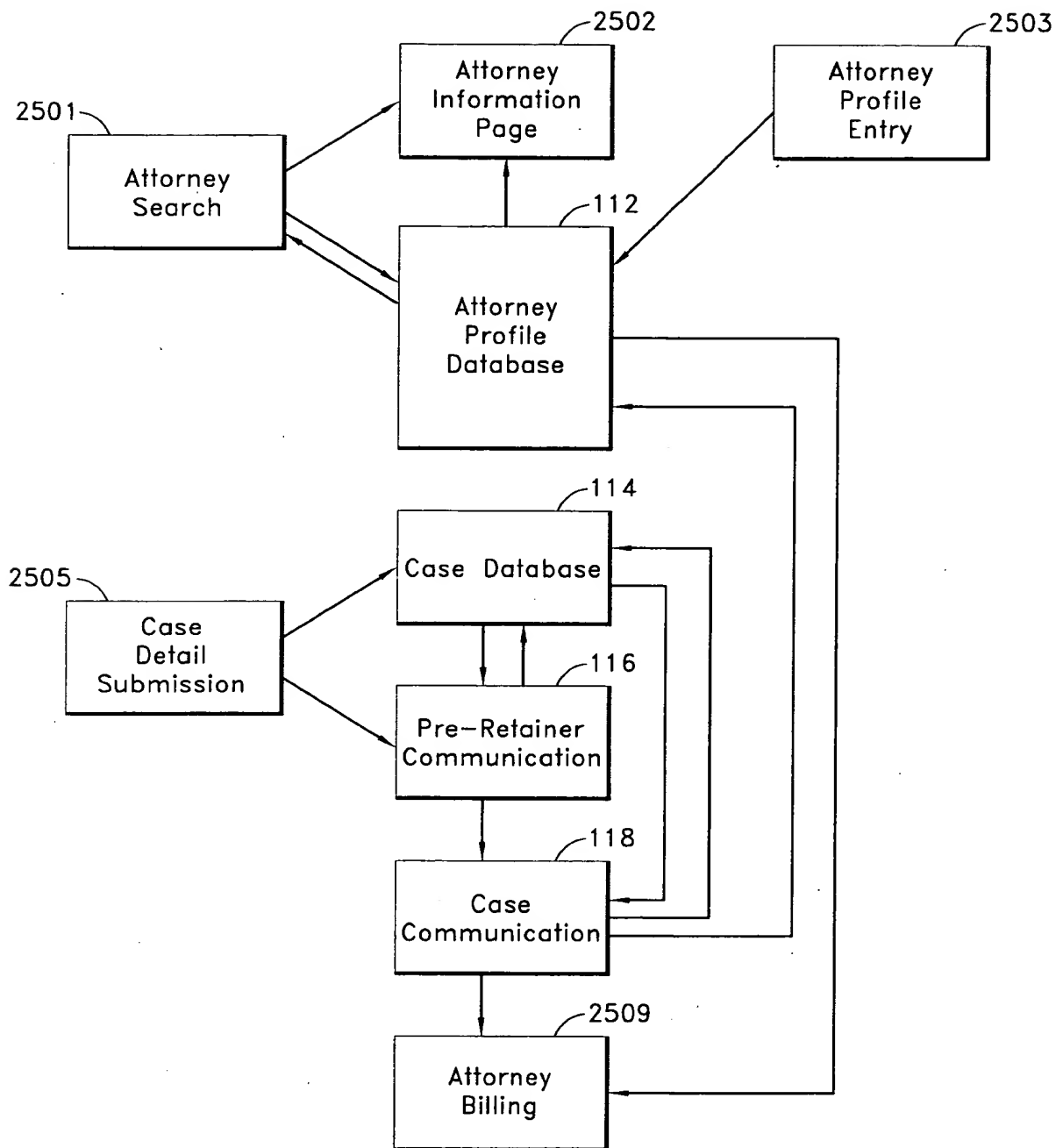


FIG. 25


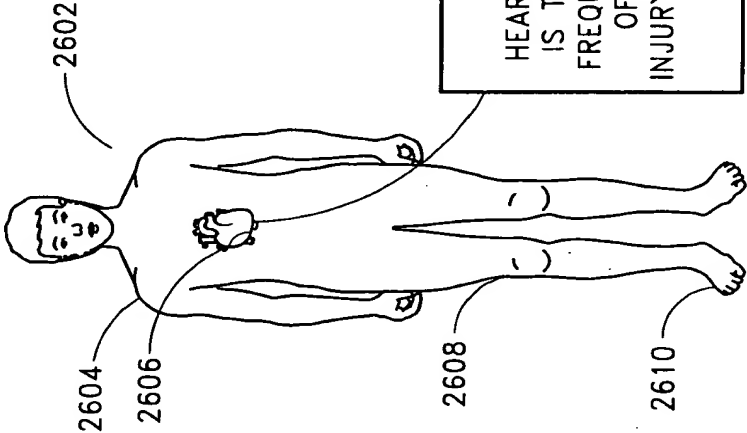

| | | | |
|--|--|---|--|
| <div data-bbox="224 1577 345 1770">  </div> <div data-bbox="370 1430 402 1808"> <p>WHERE THE LAW NETS YOU MONEY™</p> </div> | <div data-bbox="496 1367 1239 1797">  <div data-bbox="933 1199 1235 1461"> <p>HEART ATTACK IS THE MOST FREQUENT TYPE OF HEART INJURY LITIGATED</p> </div> </div> | <div data-bbox="232 354 264 386">  </div> <div data-bbox="289 428 324 795"> <p>STATE CASE DESCRIPTION</p> </div> <div data-bbox="289 989 321 1100"> <p>AMOUNT</p> </div> | <div data-bbox="899 774 1166 1142"> <p>CLICK HERE TO SEE A LIST OF MEDICAL EXPERTS IN THE FIELD OF HEART INJURY</p> </div> <div data-bbox="899 380 1166 747"> <p>CLICK HERE TO SEE A LIST OF ATTORNEYS IN THE FIELD OF HEART INJURY</p> </div> |
|--|--|---|--|

FIG. 26